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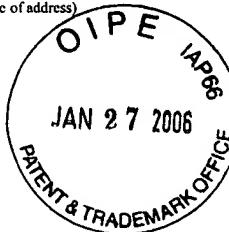
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27851 7590 10/25/2005

**BENJAMIN A. ADLER
8011 CANDLE LANE
HOUSTON, TX 77071**

01/30/2006 EHAILE2 00000027 09421213

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FEROZA YESMIN

(Depositor's name)

[Signature]

(Signature)

1/24/06

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09421213	10/20/1999	TIMOTHY J. O'BRIEN	D6064CIP	3804

TITLE OF INVENTION: ANTIBODY KIT FOR THE DETECTION OF TADG-15 PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	01/25/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
HARRIS, ALANA M	1643		424-001490		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 BENJAMIN AARON ADLER

2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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Date

Jan 24, 2006

Typed or printed name

BENJAMIN AARON ADLER

Registration No. 35,423

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